



CITY OF SUGAR LAND  
P U B L I C   W O R K S

**ADOPT-A-SPOT CLEAN UP REPORT**

*Please complete form, sign, and fax or mail to City of Sugar Land Public Works Department.*

Participants Name: \_\_\_\_\_

Date of Cleanup: \_\_\_\_\_

Location (Adoption Area): \_\_\_\_\_

Number of Volunteers: \_\_\_\_\_

Number Bag Collected: \_\_\_\_\_

Comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_